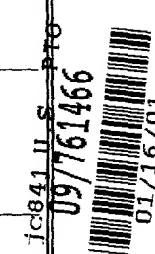


01-18-01

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Date of Deposit January 16, 2001

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I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.

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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)

Attorney Docket Number	01948/069002
Applicant	Ike W. Lee and Seigo Izumo
Title	CARDIAC-CELL SPECIFIC ENHANCER ELEMENTS AND USES THEREOF

PRIORITY INFORMATION:

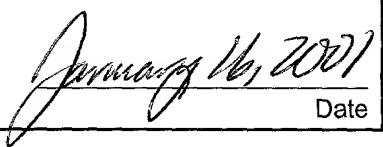
This application claims benefit from U.S. Provisional Application No. 60/176,419, filed January 14, 2000 (now pending).

SMALL ENTITY STATUS:

Applicant claims small entity status under 37 C.F.R. § 1.27.

APPLICATION ELEMENTS:

Cover sheet	1 page
Specification	36 pages
Claims	5 pages
Abstract	1 page
Drawing	20 sheets
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	2 pages
Sequence Statement	[**] pages
Sequence Listing on Paper	[**] pages
Sequence Listing on Diskette	[**] disk
Small Entity Statement, which is: <input checked="" type="checkbox"/> A copy from prior application 60/176,419 and such small entity status is still proper and desired.	1 page
Preliminary Amendment	[**] pages

IDS	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] references
Recordation Form Cover Sheet and Assignment	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$355	\$355.00
Excess Claims Fee: 17 - 20 x \$9	\$0
Excess Independent Claims Fee: 9 - 3 x \$40	\$240.00
Multiple Dependent Claims Fee: \$270/\$135	\$0
Total Fees:	\$595.00
<input checked="" type="checkbox"/> Enclosed is a check for \$595.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
CORRESPONDENCE ADDRESS:	
Kristina Bieker-Brady Reg. No. 39,109 Clark & Elbing LLP 176 Federal Street Boston, MA 02110	
Telephone: 617-428-0200 Facsimile: 617-428-7045	
CUSTOMER NO: 21559	
 Signature	 Date